DOCUMENT RESUME

ED 249 446 CG 017 766

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TITLE Revisioning the Clinical Relationship: Heinz Kohut and the Viewpoint of Self-Psychology.
PUB DATE 29 Mar 84
NOTE 23p.; Paper presented at the Annual Meeting of the Southeastern Psychological Association (30th, New Orleans, LA, March 28-31, 1984).
PUB TYPE Speeches/Conference Papers (150) -- Information Analyses (070)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS Clinical Psychology; *Counselor Client Relationship; Mental Health; Neurosis; *Personality Problems; *Psychiatry
IDENTIFIERS *Kohut (Heinz); *Self Psychology

ABSTRACT

Psychoanalysis is undergoing rapid and remarkable changes in its basic metapsychology, theoretical reflections, and concrete, clinical interventions. Through self-psychology, Heinz Kohut's alternative views on the clinical relationship have contributed to this restructuring of psychoanalysis. Traditionally, mainstream psychoanalysis has viewed the analyst as personally unimplicated in the work with the disordered other person; the analysand as past pre-Oedipal modes of experiential structuration; and the disorder as a drive-defense approach modeled after the neurosis. According to Kohut, the modes of relatedness in the psychoanalytic experience are the mirror and idealizing transferences. The therapeutic relationship is perceptually faithful, unitary and dialogal. In self-psychology, disorder is viewed as the difference between knowledge (awareness available to self) and innocence. The person views himself in self-object terms and other people in part-object terms. The clinical relationship reveals the experience of varying degrees of experiential structuration at different times. Thus, the transference relationship expresses a particular development level. The clinician, therefore, must be prepared to adopt different listening perspectives, based on the level of structuration being expressed. (BL)

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Revisioning the clinical relationship: Heinz Kohut and the viewpoint of self-psychology[1]

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At no other time in its history has psychoanalysis undergone such rapid and remarkable changes in its basic metapsychology, thecretical reflections, and concrete, clinical interventions. Indeed, the last fifteen years may accurately be characterized as a period of creative ferment and production that has thrown into question the existing idea of a "mainstream psychoanalysis," and led to changes unparalleled in its ninety-year history. In short, I believe that psychoanalysis has entered an exciting, new, pre-paradigmatic phase in its development.

The only comparable period one might consider would be the fifteen year period following the founding of psychoanalysis by Breuer and Freud. But even here our situation is different, for it is commonplace to speak of these earlier contributions by Jung, Adler, and Reich

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[1]Paper presented at Symposium "Revisioning Psychoanalysis," during the 30th annual meeting of the 1984 Southeastern Psychological Association held at New Orleans, Louisiana, March 29, 1984.

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as "dissident" schools, when referenced to an otherwise strongly established and successfully evolving Freudian psychoanalysis. Moreover, a careful study of these and other reformulations of Freud's vision would show their agreement with many fundamental assumptions and guiding ideals common to that vision. Hence, I see these efforts, as they extend through ego-psychology and object-relations theory, as creative refinements, rather than original replacements of Freud's fundamental approach to the psychoanalytic situation.

In contrast to these refinements, our contemporary period is marked by what Wallerstein (1982, P. 9) has called "the great metapsychological debate." That is, many of the changes shown today strike at the very heart of psychoanalysis, through a questioning and reformulation of many of its basic assumptions, through creative re-readings, or in some cases transformations in what was thought to be the very essence of analytic work. However diverse these new directions may be from one another, they appear united in one respect: to unhinge psychoanalysis from its classical approach, and provide alternative metapsychological visions more faithful to human psychological life, as that transpires in the theatre of psychoanalytic practice.

All this brings us to the new "Self Psychology" of Heinz Kohut. Perhaps more than any other contemporary development, Self Psychology has had the most powerful impact on the previously institutionalized orientations within the psychoanalytic community. For example, John Gedo went so far as to say that the net effect of Kohut's work has been to bring about the end of ego-psychology, the most popular orientation toward psychoanalysis since Freud (cited in Ornstein, 1978, p. 32). Others have spoken of a "paradigm change" accomplished through Self Psychology (Goldberg, 1980; Schwaber, 1979), which alters the every essence of psychoanalysis and the meaning of its data.

Now Kuhn (1962) has taught us that following a revolution in scientific paradigms, old data are seen in a new light and new discoveries are included within that vision. In short, the world changes for the scientist after major revolutions in a given discipline. Accordingly, in what follows, I want to take you into Kohut's altered vision of psychoanalysis, with a particular emphasis on his novel discoveries, and the role these played in his revisioning of the clinical relationship. Let me begin by a brief profile of the man.

Heinz Kohut received his medical degree from the University of Vienna, and was trained in neurology and psychiatry at the University of Chicago, where he went on to become a distinguished Lecturer in Psychiatry. He graduated from the Chicago Psychoanalytic Institute, where he taught and supervised psychoanalytic canidates. The institute is and always has been Freudian in direction, having been founded by Franz Alexander, who knew and worked intimately with Freud. For over ten years, Kohut taught the two-year course on psychoanalysis, in addition to his clinical duties. Hence, he was both exquisitely knowledgeable about and loyal to the structure and meaning of traditional psychoanalytic thought and its clinical applications. His major writings span the period from 1950 - 1978, and include his two books The analysis of the self (1971) and The restoration of the self (1977). A third book, to be published posthumously, is called How does psychoanalysis cure? (in press). Since his untimely death in 1981, his work has been carried on by his colleagues Ernest Wolf, Arnold Goldberg, Paul and Marian Toplin, and by such others as Robert → Stolorow, John Gedo, George Atwood, and Frank Lachman. He will most likely be remembered within the psychoanalytic community for his positive reformulation of the

meaning of narcissism, as that is disclosed through the quality of our undivided relationships in everyday life, disorder and health, and in the creative work of the artist, musician and writer. All these themes and more pervade the fabric of his innovative Self Psychology.

For now, however, I want to circumscribe our focus to the clinical relationship by identifying three features of mainstream psychoanalysis that proved problematic in Kohut's work with what we now know as "narcissistic self disorders." Stated in advance, these are: the nature of the interpersonal relationship, the view of disorder, and the expected level of experiential structuration required of the analysand. With this as background, I will go on to show Kohut's alternative views on these issues, and draw out some of their implications for a revisioning of the clinical relationship. While these developments arise from the specialized sector of clinical psychoanalysis, I believe their significance extends to clinical work at large as well as to a general psychology of our everyday life. Let us move to the first point: the nature of the interpersonal relationship in psychoanalysis.

1. Nature of the relationship:

It is well known that the pre-theoretical approach that informs mainstream psychoanalysis is uncritically drawn from Cartesian, natural science, with its belief in an already constituted world existing "in itself," originally divorced from the perceiving subject (Boss, 1963; Needleman, 1975). In this "approach" (Giorgi, 1970), the real nature of things is already constituted in the realm of the object, and valid scientific knowledge consists in the scientist's distal, uninvolved inspection of that order through method. In mainstream psychoanalysis, these conditions for therapeutic neutrality, objectivity, and the attainment of truth arise from this philosophical grounding. Each of these terms was thought to be insured by the detached, subjectively uninvloved, anonymous presence of the analyst, who functioned as an independant observer of the analysand's expressions. To put this differently, the analyst was assumed to be personally unimplicated in the work with a disordered other person, who had the disorder. What mattered was adherence to established method.

While these views have received refinements and modifications since Freud's original recommendations

(Paolino, 1981), their essence is preserved in the tradition through ego-psychology and contemporary object-relations theory. Indeed, both analysts and therapists may informally break from this tradition, and privately note its infidelity to what really transpires between the clinical participants, but guilt over doing so is the often reported consequence expressed in later supervisory sessions (Kohut, 1977). My point is that mainstream psychoanalysis has had no coherent philosophical alternative to this vision of the clinical relationship, that this was problematic for Kohut, and that his psychology contains important implications toward this end. Let us move to the second point, the view of disorder.

2. The view of disorder:

Kohut also found reason to question the mainstream emphasis on conceptualizing disorders through a drive-defense approach modeled after the neuroses. With this view, neurotic life reveals an unsuccessful compromise between the demands of the organism, seen as determined, immediate desire, and the appropriated ethical and moral edicts of culture, society, and the family. Neuroses portrays a denial, disownership, and ultimate repression of these demands, but not their disappearance. For as Freud (1915/1957) has told us, the repressed continues its existence, but now in a latent, unconscious way. It shows its being through faceless

anxiety, irrational guilt, and determined avoidance. It is lived without being articulately known (Ey, 1963/1978).

At this point, I want to underscore an important issue to be developed later in Kohut's revisioning of disorder. This is the drive-defense contention that the repressed still exists, *in potentia*, as possibilities for a subject's experience and action, but is disowned. It is here that one also detects the very essence of mainstream psychoanalysis, and understands its emancipatory aim - the making of the unconscious conscious. For freeing the person is contingent on this belief that repressed structures are *there* and exist as potential resources that are presently unavailable to the analytic patient. This belief not only pervades the whole of generic psychoanalysis, it also prefigures the understanding of such classic themes as transference, resistance, and analytic cure. We shall see that Kohut shatters this very way of seeing, and provides a psychology of self disorders that is more faithful to how they are originally lived.

3. *The expected level of experiential structuration required of the analysand*:

Finally, the mainstream setting has its focus on problems that arise during the Oedipal span in the person's

development. Analytic work, thus, presupposes a sufficient developmental preparation, past pre-Oedipal modes of experience, in order to have distinguished self from others, to see oneself as an independent source of initiative, and to have achieved a degree of object constancy. In short, the qualitative structuration of perceptual experience is a developmental achievement, and the mainstream setting requires these accomplishments of its analysands in order for the clinical relationship to work (Atwood & Stolorow, 1984).

These achievements, for example, are the very ground for such analytic demands as the birth and maintenance of the transference, for the capacity to tolerate those moments of solitude when we are alone in the company of another person (Schafer, 1983), and for the possibility to temporarily regress in the service of free-association, with the horizonal freedom of a return to conventional reality (Paolino, 1981). Indeed, the very freedom to successfully terminate an analysis presupposes the possibility to relinquish the necessary dependence on the analyst, and to resume a life through one's own resources. In short, the termination requires a developmentally advanced capacity to let go, and consent to a painful and necessary period of mourning

(Hedges, 1983).

In brief, all these moments presuppose the attainment of a developmental level that allows these possibilities through what Henri Ey (1963/1978) would call the structuration of the field of consciousness and the self.

My point here is that Kohut increasingly found patients who did not possess these developmental achievements demanded by the tradition. Instead of declaring them unanalyzable, as most analysts might have done, he chose to relinquish this frame, and moved to freshly discover both how and where their lives had gone awry. In so doing, I believe he altered the very essence of psychoanalysis, and advanced its ability to faithfully see the range, richness, and restrictions of psychological life.

Let us now turn directly to his work to view the roots of his revisioning. My presentation will be necessarily limited to a focus on the three issues raised earlier in the discussion of mainstream psychoanalysis. In no sense will I attempt to present or deal with his overall psychology, as I have done earlier (Masek, 1982). Instead, I will first present his work on each of these issues, and follow this

with a discussion that draws out the sense of his revision.

1. The nature of the relationship:

Kohut's patients experienced the traditional analytic situation as though it were an expression of the therapist's own need for separation, and responded with acute sensitivity by feeling misunderstood, controlled, or manipulated. Cooperative trust, as the very cornerstone of psychotherapy, was thereby undermined, for the analyst was seen to function without sensitive regard for the analysand's own experiential standpoint on the world. In turn, the expected role of the analysand within the relationship became altered with these narcissistically disordered people. That is, such expected themes as projection and the visitation of transference from significant other people were not revealed. Instead, these patients perceived, then actively utilized, the analyst through other modes of relationship, and they did so with the adaptive aim of establishing a coherence and continuity in their lived relations, which they did not presently possess. I will specify two such modes.

First, the analysand expected Kohut to play the role of the mirror, to provide such mirroring functions as reflecting, affirming, approving, admiring, and confirming

the person's innate greatness and perfection. Second, the analysand experienced the analyst as a presence with whom he or she could merge for needed calmness, stability, direction, and power - in short, what Winnicott (1965) called a holding environment - and to serve as a model for life ideals, goals, and ambitions. Taken together, these modes of relatedness are what Kohut called the mirror and idealizing transferences. Failures or disappointments in meeting these ideals led to such typical reactions as arrogant detachment, anger, and depression. Now, from the outsider's viewpoint, these fallibilities may be received with mild annoyance or genuine disappointment, if registered at all. But from the narcissistic viewpoint, they are received as wounds to the very heart of self-esteem and cohesiveness.

To denote this relatively undifferentiated dependence, Kohut (1971) coined the term "self-object." Self-objects are experienced and related to as though they are a part of the self. Now, we all require a relationship to others to reveal new possibilities in our lives; Kohut is firm in acknowledging this healthy co-dependence, which is chosen freely and enjoyably entertained. In contrast, the narcissistically disordered person lives out determined, dependent, and unacknowledged relations with others. That

is, only through the use of self-objects is this individual able to achieve a coherence and continuity of experience, which cannot be realized alone. In this sense, self-objects are fused within the very boundaries of what it means to be a functioning self, within what Merleau-Ponty (1945/1962) has called the body subject. The expectation of control over other people is also significant here, for Kohut says that these people anticipate a control over others and situations not unlike the control most people expect over their own thoughts and bodily movements.

Reflection:

Kohut's account of the therapeutic relationship flows from this interexperiential situation existing between the participants. I believe this account is perceptually faithful to these conditions, is unitary, and is dialogal, when compared to a mainstream approach.

It is perceptually faithful because what he calls "empathy" or vicarious introspection" becomes not only the privileged mode of clinical perception, but is also a means of defining the very essence of psychoanalysis. Empathy, here, is not the simple expression of compassion in therapeutic work, nor is it all-embracing warmth. It is,

according to Kohut (1978) a profound alteration in the scientific mode of seeing which accords a privileged position to the meaning immanent in a person's experience, first from that person's viewpoint. Hence, the established priority on guiding method comes to be replaced by the primacy of empathic perception in the clinical relationship. This revises the very essence of psychoanalysis by becoming its foundation. For example, the essence of psychoanalysis is not defined through such established, mainstream criteria as the analysis of transference, resistance, and dreams - with the aim of revealing the unconscious - but in his words, "The very essence of psychoanalysis lies in the scientific observer's empathic immersion in the observed" (Kohut, 1977, p. 302).

This carries over into his revisioning of the relationship as unitary. Here, as Schwaber, (1980, p. 215) suggests, the clinical relationship can be approached in no other way than as an originally undivided, self - selfobject, "contextual unit," while Atwood and Stolorow (1984) see this unit as an intersubjective field, co-defined by the interexperience of the participants. In practice, this means that the patient's resistance and aggression toward the therapist may be more accurately understood as an empathic

failure on the therapist's side than as an intrapsychic protection or expression of the experientially disowned. Hence, the therapist must realize and own a greater degree of participation in the relationship. Growth or regression occur, in part, because the relationship, not the individual patient is the primary data of Kohut's Self Psychology. As we saw, the distal, uninvolved, beholding presence of the mainstream analyst has a meaning for the analysand; hence, the analyst's presence always plays a role in co-defining the very phenomena he or she goes on to observe. All this departs from the Cartesian metapsychology of mainstream analysis.

Finally, the relationship is one of dialogue, not simple unity between the participants. By dialogue, I mean that present and historical other people play an important role in the initial establishment of perceptual meaning in our lives, as well as in the structural resources that we possess as people. What we have appropriated from these others in our undivided dialogue with them contributes to the expansion or limits that we live out in our experience and action in the world (Masek, 1983). This is concretely shown in the therapeutic self - selfobject relationship. For example, Kohut learned that once he empathically joined his patients

in their world, and allowed himself to function as a needed self-object for mirroring and idealizing, his patients gradually came to be less dependent on him and others for these previously missing functions. That is, through a process termed "transmuting internalization" the patient's active use of the self-object relationship allowed him to learn and make his own new grounds for self-esteem, appropriate talents and ambitions, and the discovery of an authentic ensemble of life goals. This revisioning overrides the mainstream emphasis on distal interpretations. For as Kohut (1977) suggests, interpretations only serve to neutralize defenses - the dialogue provides the missing structures. Let us now turn to briefly examine his revisioned view of disorder and of the experiential structuration required in analysis.

2. View of disorder:

I believe the essential difference between mainstream and self psychological accounts of disorder is the difference between knowledge and innocence. For example, what Kohut (1978) calls "disorders of the self" do not predominantly reflect problems with the repressed and the disowned - that is, a knowledge which is there, but unavailable to the person. Instead self disorders express an authentic innocence in both

perception and action, and innocence drawn from earlier, fallible, self - selfobject dialogue. In consequence this means that when the intrinsic resources of these people are not sufficiently established, the individual's perception transforms into a searching utilitarian mode, and thematizes other people and situations in line with their knowledge-providing functions. Kernberg (1976) terms this the perception of the other person in part-object terms. For this reason, therapuetic approaches geared to a revelation of the unconscious through distant interpretations, achieving self-congruence through pallid reflections, or the strengthening of persona defenses, essentially by-pass what Kohut sees as the therapeutic task. Finally, let us move on to the level of structuration demanded of the analysand.

3. Level of experiential structuration required of the analysand:

Human development, with Kohut (1971) is accomplished within a qualitatively varying self - selfobject context which promotes or limits the degree of structuration of both the field of consciousness and the self. Hence, the clinical relationship reveals the expression of varying degrees of experiential structuration by a given client at different times, and also be different clients. Kohut has shown how

the transference relationship, therefor expresses a particular developmental level, and Hedges (1983, p. 299-300) has amplified this point. He suggests that a clinician must be prepared to adopt different listening perspectives which are sensitive to the level of structuration being expressed in a therapy or analysis. For example, neurotic structuration is marked by self and object differentiation and constancy, while narcissistic relations are thematic in the need for self-objects to gain equilibrium. In turn, borderline and psychotic relations are highlighted by undifferentiated mergence and profound needs for extrinsic organization. In brief, the implications of this suggest that the mainstream emphasis on Oedipal experience as the model of all experience ignores the richness and variability of psychological life, and truncates the ability of psychoanalysis to faithfully see and respond to the analytic patient. Accordingly, authors such as DeWaelhens (1972/1978) who remain faithful to Freud in their re-interpretation of him, and then apply these insights to psychosis, ignore the issue of structuration, as well as the necessary alternative to a drive-defense approach.

In these, and other, respects, Kohut's psychology amounts to a genuine revisioning, which places psychoanalysis, at home, within the family of the human sciences.

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